

OFFICE OF GOVERNOR DIRK KEMPTHORNE
APPLICATION FORM

(Please attach separate sheets if necessary)

1. Mr.
Mrs. _____
Ms. _____ First _____ Middle _____ Last _____
2. Positions Sought: _____
3. Driver's License #: _____ 4. Date of Birth: _____
5. Social Security #: _____ 6. Name of spouse: _____
7. (Optional) Sex: _____ M _____ F
8. Some appointments, by law, require partisan identification. If you are interested in being considered for such an appointment, please provide the following information. Your response is optional and voluntary and will only be used to ascertain if you are qualified for a partisan appointment. Political Party Affiliation: _____
9. Residence Address: _____

City County State Zip
Phone (____) _____ FAX (____) _____
E-Mail Address: _____
10. Business
Title: _____
Company: _____
Address: _____

City County State Zip
Phone (____) _____ FAX (____) _____
E-Mail Address: _____
11. Work Experience (Current to last three positions)

<u>Employer</u>	<u>Title/Type of Business</u>	<u>City/State</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
12. Educational History:

<u>College/Graduate School (Location)</u>	<u>From</u> <u>Date</u>	<u>To</u> <u>Date</u>	<u>Degree</u>	<u>Major</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Please list professional licenses and certificates.

Licenses/Certificates

Date Issued

Licenses/Certificates

Date Issued

1) _____ 3) _____

2) _____ 4) _____

14. List all current organizations and societies of which you are a member:

Organizations/Societies

From

15. Please explain why you wish to serve in Governor Kempthorne's administration.

CONSENT AND CERTIFICATION

I consent to the release of information concerning my ability and fitness for the position to which I seek to be appointed by my employer(s), schools, law enforcement agencies, and other individuals and organizations, subject to any restrictions which I have included, to the Governor-Elect Transition Office.

I certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Date: _____

By: _____
Applicant

Please attach a copy of your resume ☛